ID#						_
(Can	be f	ound	in	the	top	right
hand	l cor	ner o	f va	nır	lice	nse )

## REQUEST TO **DOWNGRADE** LICENSE

Arkansas Contractors Licensing Board 4100 Richards Road North Little Rock, AR 72117 Fax: 501-372-2247

Ĭ	of	
(Name of owner, office	r, member, or partner)	(Company Name as it appears on the license)
hereby formally reques	st to <b>downgrade</b> my license : (Con	from a license to: mmercial, Residential or UNLIMITED Home Improvement)
Only check one:		
Residential Bu	ilder (ONLY if you had Buildi	ng, Light Building or Residential Builder) See requirements below
Unlimited - Ho	me Improvement (w/ current	t specialties) See requirements below
Limited - Hom	e Improvement (w/ current s	pecialties) See requirements below
	Requ	uirements:
also needed if at the t	ime of renewal, fee is on the	an \$50,000.00) - A renewal application and filing fee are the back of the renewal, as requested under filing fee. A insurance are NOT required, for licensing purposes only.
the time of renewal, f		renewal application and filing fee are also needed if at ewal, as requested under filing fee. A balance sheet and red.
cannot do work outside	e the classifications / specialt	Residential / Home Improvement projects only and I ties listed on my license. In addition, my license does not ects \$50,000.00 or more (including material and labor).
By:Signature of Ov	vner, Officer, Member, Partner	Date:
Phone:		
Fax:	<del></del>	
Email:		
Please contact Mich	elle Spoor @ 501-371-150	06 with any questions regarding this form.
OFFICE USE ONLY	:	
Processed by:		Revised 10/2015 (mc)